

City of Bridgeport

Department of Health & Social Services Office of Persons with Disabilities

752 East Main Street, Bridgeport, CT 06608 203-576-8301 203-332-5643 bridgeportct.gov/personswithdisabilities Ebony Jackson-Shaheed, MPH
Director of Health

Director of Health & Social Services

Tammy PapaActing Deputy Director of Health Operations

Sha'Kenya Whittaker ADA Clerical Assistant

HANDICAP PARKING SIGN-REMOVAL REQUEST

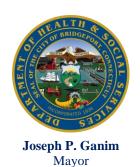
Follow the procedures below to request the removal of a Handicap Parking Sign:

1. Submit a handicap sign installation request form (attached) to:

Sha'Kenya Whittaker, ADA Clerical Assistant 752 East Main Street Bridgeport, CT 06608 203-576-8301

- 2. Your signed application along with a copy of your driver's license will be forwarded to the City of Bridgeport Police Department. The request will then be forwarded to the City's Traffic Engineer Department.
- 3. The Department of Engineer will review the request perform an onsite visit and make a recommendation to the Board of Police Commission.
- 4. The Board of Police Commission will then vote on the decision to approve or disapprove the request.
- 5. Once a decision is made you will then be notified by mail.

The process can take between (3) to (6) months



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	Applicant's Name:		_	
	Address:		_	
Telephone:			_	
	HANDICAP SIGN CURRENT L	OCATION:		
1. Do	you reside at or near the current handicap parking sign to			
reques	et, if so please provide your address if different fro	m above.		
2. Are	you the original requester of the Handicap Parking Sign		Yes	No
3. If y	es, state the reason you are requesting to have the Handic	ap Parking Sign Re	moved:	
4. If y	ou are the not the original requester of the Handicap Park			
explai	n why you are requesting the removal of the sign			
I, the applicar	nt attest that all of the above information is true and accur	rate:		
Applicant's S	ignature:	Date:		
Staff Signatur	e:	Date:		